FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATI	ON	
	(See instructions)		Office use only
NAME OF COMMITTEE (in	full) (Check if name E is changed)	Example: If typying, type over the lines	12FE4M5
RENEW OHIC	PAC		
ADDRESS (number and	street) 726 SIXTEENTH STREET	NE 	
(Check if add is changed)	ess MASSILLON		OH 44646 _ 4839 _
	CITY	(▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS		
rchuff@sssne	t.com		
COMMITTEE'S WEB PAGE ADDRESS (URL)			
COMMITTEE'S FAX NUMBER 3308334234 2. DATE M.M. / P.P. / Y. Y. Y. Y.			
3. FEC IDENTIFICATION NUMBER C C00455576			
3. FEC IDENTIFICATION NUMBER C C00455576			
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)			
I certify that I have exan	ined this Statement and to the best of my knowledge	e and belief it is true, correct and	d complete
Type or Print Name of Treasurer Ralph C Huff			
Signature of Treasurer Electronically Filed by Ralph C Huff Date Date Date Date Date			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS			
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

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